

Marion Youth Base/Softball

PO Box 539, Marion, MA 02738

marionrec@comcast.net

marionrec.org

Register by mail or at the 2008 Registration Night
Marion Town Hall (Main St. entrance)
Thursday, February 7 4:30-7:30pm

Please circle: Baseball Softball

Please print Child's First name _____ Last name _____

Please be accurate! Age on April 30, 2008: _____ Must be 5-12 years old on April 30, 2008 to play baseball

Date of Birth ____ - ____ - ____ Current Grade: ____ Phone 748-____ Cell _____

Address _____ Post Office Box _____

Insurance Company _____ Policy number _____

Every parent to is expected to help with field maintenance. WHEN YOUR CHILD IS PART OF A TEAM, YOU AS A GUARDIAN OR A PARENT MUST VOLUNTEER TO HELP IN SOME WAY. The coaches cannot do it all! A variety of possibilities for volunteering are available (most involved little time or talent- raking, picking up trash and lost and found items, putting out bases, lining fields, picking up sticks and rocks, score keeping, collecting uniforms, etc.) Thank you!

I am willing to be – _____ Team Parent _____ Head coach _____ Assistant coach _____
Assign me a job!

Registration fees: \$75.00 for 7-12 year olds \$30 for 5 & 6 year olds (There is a \$20 fee for any child who needs financial aid.) For a full scholarship, please inquire at the Registration Night or at PO Box 539). \$15 late fee if registering after 2-28-08.

Payment must be made by check made out to Marion Recreation. Please send to PO Box 539 Marion, MA 02738.

Informed Consent and Release Form

Release of Liability My child, _____, and I are aware that participation in baseball is a potentially hazardous activity. I assume all risks associated with participation in the sport, including but not limited to falls, contact with other players, being struck by a ball or bat and other risk conditions associated with base/softball. All such risks to my child are known and understood by me. Pictures of my child may be used by the Marion Recreation in its publications and displays. I, the undersigned, being parent or guardian of said child, do hereby release and forever discharge the Marion Recreation Committee, the South Coast Youth Baseball Alliance, its officers, managers, coaches, and staff; Mattapoisett Baseball, Marion Baseball, Towns of Marion, Mattapoisett, Wareham, Rochester, Acushnet, their officials, agents, Board of Directors, officers, representatives, successors, and demands for and upon, or by reasons of any damage, loss, injury, or suffering sustained by my child as a result of any aspect of a baseball activity or practice in which such child shall

participate. I certify that my child is in good health and may participate in physical activities associated with base/softball's practices and games without limitation(s). The staff, managers or coaches of Marion Base/Softball have my permission to arrange for and provide medical care in the event my child is injured.

Zero Tolerance Policy The Marion Recreation Committee approved a ZERO TOLERANCE POLICY to address adverse situations that may occur at any town related sporting event or activity. Our policy includes unruly and /or verbally abusive parents, spectators, coaches or players. Anyone, whose action disrupts, shows poor sportsmanship or in any way adversely affects the participants or programs offered by the Committee will be asked not to attend or participate in Marion Recreation Committee activities.

Does your child have any medical problems of which the coach should be aware? Please circle YES or NO

If yes, please

explain _____

Signed (Parent/ Legal Guardian): _____
Date _____

**Baseball players, a copy of your birth certificate must be submitted with this form.
Thank you!**

For additional forms and information please check our website marionrec.org